

IM-02-23-C/C Rev. 3/06 AUTHORITY: Michigan Department of Education Appropriation Bill. COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)	Michigan Department of Education OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES P.O. Box 30008, Lansing, Michigan 48909	<i>Direct questions regarding this form to (517) 373-8664.</i>
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---STATE USE ONLY---	
Date Received	
Applicant Number	

2006-2007 COMPETITIVE GRANT APPLICATION FOR: THE MICHIGAN SCHOOL READINESS PROGRAM

PART A. APPLICANT

APPLICANT	Name of District/Organization		Federal ID Number	Phone (Area Code)
	Address	County	City	Zip Code
CONTACT PERSON	Name of Contact Person		Phone Number (Area Code)	Fax # (Area Code)
	E-Mail Address of Contact Person			

SUBCONTRACT AGENCY	Name of Subcontract Agency (if any)		Federal ID Number	Phone (Area Code)
	Address		City	Zip Code
CONTACT PERSON	Name of Contact Person		Phone Number (Area Code)	Fax # (Area Code)
	E-Mail Address of Contact Person			

☐ **CONTINUATION**

OF CHILD SLOTS REQUESTED: _____

● **PLEASE COMPLETE THE INFORMATION REQUESTED USING THIS FORM ONLY.** Information is taken from this form and entered into a data base for processing. DO NOT SUBMIT applications with answers stating “see attachments,” or attachments (UNLESS REQUESTED). Non-compliant applications will not be accepted and will be returned to the applicant *without review*.

ASSURANCES AND CERTIFICATION: By signing this assurance and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

AUTHORIZED SIGNATORY: _____ DATE: _____

TYPED NAME: _____ TELEPHONE: () _____

MAILING INSTRUCTIONS: The ORIGINAL and ONE (1) copy of this application must be RECEIVED at the STATE address indicated above by **MAY 22, 2006** no later than 5:00 p.m.

PART A (Continued). ASSURANCES AND CERTIFICATIONS

--STATE PROGRAMS--

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100% of any payment based on a monitoring finding, audit finding or pending final report.

IN ADDITION:

This project/program will not supplant nor duplicate an existing early childhood development program.

Applicants not operating any component of the project directly must provide a letter of commitment and agreement, including the specifications of terms and conditions for delivery of services.

There is a written agreement between other eligible public non-profit organizations or programs and the State that outlines provisions for the use of facilities for early childhood development program services (including such use during holidays and vacation periods; the restrictions, if any, on the use of such space; and the times when space will be available for the use of the applicant).

(Competitive Grants ONLY) The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from a School Readiness Consultant of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Grant recipients will comply with all subsequent pending legislation pertaining to this program.

AUTHORIZED SIGNATORY

DATE

PART B. PROJECT ABSTRACT

NAME OF APPLICANT:
PROJECT NAME:

INSTRUCTIONS: Organize the Project Abstract using the following categories. Do not use additional pages. (May be single spaced with a 10 point font.)

STATEMENT OF NEEDS: (Include target population(s).)

DESCRIPTION OF PROJECT: (Serves as summary.)

PROJECT PLAN: (Summarize.)

QUALIFICATIONS OF KEY PERSONNEL:

PART C. PROJECT FACT SHEET

NUMBER OF CHILDREN TO BE SERVED: _____

TOTAL AMOUNT REQUESTED:* _____ **(At \$3,300 Per Child)*

BEGINNING DATE OF PROGRAM: _____

ENDING DATE OF PROGRAM: _____

NUMBER OF WEEKS OF PROGRAM: _____

DELIVERY MODEL

☐ HOME-BASED

Number of Children: _____

Number of Home Visitors: _____

☐ CENTER-BASED

Number of Children: _____

Number of Sessions: A.M. _____ P.M. _____ Full Day _____

Number of Teachers: A.M. _____ P.M. _____ Full Day _____

Is teaching staff the same for each session? ☐ YES ☐ NO

SCHEDULE OF OPERATION

☐ FOUR DAYS/WEEK (Circle all that apply) M TU W TH F

☐ FIVE DAYS/WEEK

☐ ALTERNATIVE SCHEDULE (Circle all the days that apply) M TU W TH F HOURS OF OPERATION _____

☐ MIGRANT/SEASONAL _____ Months of Operation HOURS OF OPERATION _____
(Circle all months that apply) A M J J A S O N Other _____

● **Contact person(s) to whom Department consultant should send mail and direct questions:**

LEAD CONTACT NAME: _____ PROJECT DIRECTOR OR
SECONDARY CONTACT NAME: _____

POSITION: _____ POSITION: _____

ORGANIZATION: _____ ORGANIZATION: _____

ADDRESS: _____ ADDRESS: _____

CITY/ZIP CODE: _____ / _____ CITY/ZIP CODE: _____ / _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

FAX NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____ E-MAIL: _____

PART D1. ACKNOWLEDGMENT OF EFFORT TO COLLABORATE

NAME OF APPLICANT: _____

It is my understanding that the above named applicant plans to submit an application available through the Michigan Department of Education to operate a School Readiness Program for four-year-old children who are “at-risk” of school failure. There is a need for such a program in this area, and a representative of my agency/organization/program will be a member of a community advisory committee, if needed, to ensure coordination and collaboration of services to these children.

NOTE: Completion of this form does NOT in itself constitute an endorsement of the applicant’s application.

SIGNATURE OF AGENCY/ORGANIZATION/PROGRAM OFFICIAL

DATE

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF AGENCY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (Including Area Code)

PART D2. CERTIFICATION OF NEED **(for Early Childhood Program listed above)**

☐ We provide free comprehensive compensatory educational programming for four-year-old children.

In 2005-2006, we had _____ slots to provide a free education for four-year-old children. We served _____ children.

_____ (*number of children*) remained on a waiting list and were not served in this or, to our knowledge, other free programs.

We will collaborate with this program by: _____

PART E. CHART 1: **ADVISORY COMMITTEE**

This chart should identify the members of the advisory committee, the frequency of the committee meetings, the total number of members on the committee, and the number of agencies represented. Information regarding the entire committee is completed on the first row of each column. Provide specific information regarding parents and community agency representatives in the corresponding row.

NOTE: In a competitive MSRP, legislation requires the committee to include at least one parent or guardian for every 18 children enrolled with a minimum of two parent or guardian representatives.

	NUMBER OF COMMITTEE MEMBERS
Community Advisory Committee	
Department of Human Services (DHS)---formerly FIA	
Community Health Services	
Local School Districts/Public School Academies	
Head Start	
Local Early Childhood Programs	
Community Coordinated Child Care (4C's)	
Michigan School Readiness Program Parents	
Other (specify):	

Tentative meeting dates for 2006-2007:

List committee members and names and agencies (may attach a complete list):

PROGRAM QUALITY PART E. CHART 2

INSTRUCTIONS: This page is used to clearly define a program goal and objectives. Include activities/staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes, and a timeline for completion.

Use the worksheet to complete this page.

Program Quality Goal: Identify a Program Quality Assessment (PQA) item, current score and describe outcome/PQA score from the PQA section.

Objectives: Column 2 from worksheet.

Activities/Tasks/Staff/Parent: Column 6 from worksheet.

Timelines: Column 7 from worksheet.

Measurement Strategies: Column 8 from worksheet.

PARENT INVOLVEMENT PART E. CHART 3

INSTRUCTIONS: This page is used to clearly define a parent involvement goal and objectives. Include activities/staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes, and a timeline for completion.

Use the worksheet to complete this page.

Parent Involvement Goal: Identify a Program Quality Assessment (PQA) item, current score and describe outcome/PQA score from the PQA section.

Objectives: Column 2 from worksheet.

Activities/Tasks/Staff/Parent: Column 6 from worksheet.

Timelines: Column 7 from worksheet.

Measurement Strategies: Column 8 from worksheet.

CHILD DEVELOPMENT GOAL PART E. CHART 4

INSTRUCTIONS: This page is used to clearly define a child development goal and objectives. Include activities/staff responsibility, the strategy used to measure the accomplishment of anticipated outcomes and a timeline for completion.

Use the worksheet to complete this page.

Child Development Goal: Using a research-based child assessment tool, identify a domain and an accompanying indicator, report and aggregate score and desired outcome.

Objectives: Column 2 from worksheet.

Activities/Tasks/Staff/Parent: Column 6 from worksheet.

Timelines: Column 7 from worksheet.

Measurement Strategies: Column 8 from worksheet.

PART F. CHART 1:

FACILITY DESCRIPTION FOR CENTER-BASED PROGRAMS ONLY

INSTRUCTIONS FOR COMPLETION: All sites with one MSRP classroom are to complete ALL columns. Sites with more than one MSRP classroom are to complete columns A through E for general site information and columns F through I *for each classroom*. Include copy(ies) of license(s).

A.	B.	C.	D.	E.	F.	G.	H.	I.
SITE NAME AND ADDRESS	LICENSE/ APPROVAL NUMBER and CAPACITY	EFFECTIVE DATE (mm/dd/yyyy)	EXPIRATION DATE (mm/dd/yyyy)	NO. OF MSRP ROOMS	HOURS OF: A.M. SESSION P.M. SESSION	WRAP- AROUND HOURS? Yes No	NO. OF MSRP CHILDREN/ ROOM/ SESSION	NAME OF TEACHER/ ASSOCIATE/ PARAPROFESSIONAL/ ROOM/SESSION
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	
	Number: _____ Capacity _____				AM ____ to ____ PM ____ to ____	<input type="checkbox"/> <input type="checkbox"/>	AM _____ PM _____	

Make copies of this page as necessary.

PART F. CHART 2:
CLUSTER SITES FOR HOME-BASED PROJECTS ONLY
(Continuation)

INSTRUCTIONS FOR COMPLETION: Cluster activities are required for the continuation years 2 and 3. Indicate the location of each cluster meeting site, and the month(s) in which each site will be used.

	<u>LOCATION OF SITE</u>	<u>MONTH</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

PART G. CHART 1A: **KEY CLASSROOM PERSONNEL**

INSTRUCTIONS: Identify all teaching personnel. Check the appropriate box for the relevant education or training. (If “Other,” please specify.) *Duplicate this page as needed.*

POSITION/NAME	DEGREE/PROGRAM/ CERTIFICATION	POSITION/NAME	DEGREE/PROGRAM/ CERTIFICATION
Name of Early Childhood Specialist	<input type="checkbox"/> Master’s Degree Major: _____		
CLASSROOM ____ (A.M.): Teacher	<input type="checkbox"/> Teaching Certification with a: <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Bachelor’s in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____	CLASSROOM ____ (A.M.): Teacher	<input type="checkbox"/> Teaching Certification with a: <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Bachelor’s in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____
Associate Teacher Date of Hire: _____	<input type="checkbox"/> 120 clock hours, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Associate’s degree or higher in Child Development or ECE <input type="checkbox"/> Other (Specify) _____	Associate Teacher Date of Hire: _____	<input type="checkbox"/> 120 clock hours, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Associate’s degree or higher in Child Development or ECE <input type="checkbox"/> Other (Specify) _____
Paraprofessional/Volunteers, including parents		Paraprofessional/Volunteers, including parents	
CLASSROOM ____ (P.M.): Teacher	<input type="checkbox"/> Teaching Certification with a: <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Bachelor’s in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____	CLASSROOM ____ (P.M.): Teacher	<input type="checkbox"/> Teaching Certification with a: <input type="checkbox"/> ZA Endorsement, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Bachelor’s in Child Development or ECE, or <input type="checkbox"/> Other (Specify) _____
Associate Teacher Date of Hire: _____	<input type="checkbox"/> 120 clock hours, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Associate’s degree or higher in Child Development or ECE <input type="checkbox"/> Other (Specify) _____	Associate Teacher Date of Hire: _____	<input type="checkbox"/> 120 clock hours, or <input type="checkbox"/> CDA Credential, or <input type="checkbox"/> Associate’s degree or higher in Child Development or ECE <input type="checkbox"/> Other (Specify) _____
Paraprofessional/Volunteers, including parents		Paraprofessional/Volunteers, including parents	

PART G. CHART 2: **PROFESSIONAL DEVELOPMENT PLAN**

INSTRUCTIONS: Complete this form by checking the box next to the professional development opportunities that staff will be able to attend. Identify conferences/workshops where asked. Identify **by title** who will receive the training. (*CHECK ALL THAT APPLY.*)

<u>CHECK BOX</u>	<u>PROFESSIONAL DEVELOPMENT OPPORTUNITIES</u>	<u>WHO WILL ATTEND?</u> (List by title only, i.e., Administrator, Early Childhood Specialist, Teacher, Associate Teacher, home visitor)
<input type="checkbox"/>	Michigan Collaborative Early Childhood Conference	
<input type="checkbox"/>	MiAEYC Annual Conference	
<input type="checkbox"/>	MiAEYC Early Childhood Seminars	
<input type="checkbox"/>	National Conferences (Specify below.)	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	Regional or other forms of training, including in-service training by MDE consultants, by local agencies or the applicant agency, college course work, etc. (Specify below.)	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

PART H. BUDGET

IM-02-23-C/C
(Page 14)

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER 0 7 5 1 7 0	PROJECT NUMBER	PROJECT TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry-over	ENDING DATE (mm/dd/yy) 0 9 / 3 0 / 2 0 0 7	FY of Approved Activity 2 0 0 7

FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	<u>TOTAL</u>
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (Sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES (<i>Not Allowed</i>)							
	TOTAL EXPENDITURES							A)

2. BUDGET DETAIL--

Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

TOTAL AMOUNT REQUESTED

<u>TRANSACTION PURPOSE:</u>	<u>AMOUNT OF CHANGE</u> (Use minus sign preceding decreases)
<input type="checkbox"/> Original	
<input type="checkbox"/> Amendment	\$ _____

FUNDING: Department of Education Share of Expenditures

B)

Local Share of Expenditures (Block A Minus Block B)

C)

DATE

BUSINESS OFFICE REPRESENTATIVE (Type or Print)

SIGNATURE

DATE

PROJECT CONTACT PERSON (Type or Print)

SIGNATURE

Judy Levine

Expenditure Detail	

[illegible]

